10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital or attending physician.

|  |                       | STATE<br>REGISTRAR   |  |   | CERTIF                                    | ICATE OF DEATH  | REG. NO.  |   |                                  |
|--|-----------------------|--|--|---|---|---|---|---|----------------------------------|
|  |                       |  | ohn  | Guilford  | E   | Anthony   | September 2   |   | 26 HOUR<br>11:45                 |
| -  | 3. SE                 | Male   | 4. RACE<br>Negr  | ro  | 5. DATE (                                 |   | 6. AGE (IN YEARS LAST BIRTHE  | MONTHS DAYS   | R IF UNDER 24 H                  |
| B  |                       | RTHPLACE (STATE OR FORE  |  | N OF WHAT COUNTRY?  | 8.  | D NEVER MARRIED   | 9. BALTIMORE CITY OR<br>Kent Count  | COUNTY OF DEATH   |                                  |
| 67   | 10. CI                | TY OR TOWN OF DEATH<br>estertown   | 11. NAM  | E OF HOSPITAL, NURSIN   | ADDRESS)                                  |   | 12a USUAL OCCUPATION  | N 12b. KIND ( WORKING LIFE) INDUSTRY  | of BUSINESS<br>k Yard            |
| BS   | 3a. S                 | AL RESIDENCE (IF NURSING LITATE LITERALLY)   | HOME OR OTHER INSTITUTE COUNTY   |   | E ADMISSION)                              | 13d. INSIDE CITY LIMITS? YES NO X   | 13e. STREET ADDRESS<br>Rte.#2 Box   |   |                                  |
| -  | 14. FA                | THER'S NAME  | MIDDLE   | LAST  |   | 15. MOTHER'S MAIDEN NA  |   |   | AST                              |
| U  |                       | John   | NMN  | Anthony   |   | Rebecca   |   | Wils  |                                  |
| 2  |                       | VAS DECEASED EVER IN (ES. NO OR UNKNOWN) (1)   | U.S. ARMED FORG  |   |   | Hospital Rec  | address<br>cords- Cheste  | 210   | 20<br>yland_                     |
| froumotic event,   |                       | PART I. DE ATH WAS   | CAUSEÓ BY: MEDIATE CAUSE  DUE  hich  | (o) (b), on (c), (b), on (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d   | ill                                       | Phenuon<br>lenge for  | a -   | SIWED   | XIMATE INTERVAL<br>NONSET AND DE |
| y, or other  |                       | couse (0), stating<br>underlying couse   | the DUE  | TO, OR AS A CONSEOUE (c) NS CONTRIBUTING TO I   | w   | idespread H   | ISW S.  | TION GIVEN IN PART 1  | (0)                              |
| iws ony injury, or other   | IFICATION             | couse (0), stating<br>underlying couse   | the DUE  | (c)   | DEATH BUT                                 |   | 20c. AUTOPSY?   | 20b. IF YES, WERE FIND<br>IN CERTIFYING CAUSE   | INGS USED<br>S OF DEATH?         |
| tem 18 shows ony injury, or other                                    | CAL CERTIFICATION     | couse (o), stating underlying couse  | the lost.  ICANT CONDITION  19b. C  YING 21b. T  SE OF DEATH HOL   | (c)<br>NS <u>CONTRIBUTING TO </u>   | DEATH BUT                                 | ON WAS PERFORMED  | 20g. AUTOPSY?   | 20b. IF YES, WERE FIND<br>IN CERTIFYING CAUSE<br>YES  | INGS USED                        |
| irked or Item 18 shows ony injury, or other                          | MEDICAL CERTIFICATION | couse (o), stating underlying couse  PART 2 OTHER SIGNIFI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE  CIFETIHER NOTIFY MEDICAL  21d. INJURY OCCURRED   | the lost.  ICANT CONDITIO  N 19b. C  YING  | INS CONTRIBUTING TO I   | DEATH BUT OPERATIO  AY YEAR 19            | ON WAS PERFORMED  | 200. AUTOPSY?   | 20b. IF YES, WERE FIND<br>IN CERTIFYING CAUSE<br>YES  | NINGS USED<br>S OF DEATH?<br>NO  |
| 121 is morked or Item 18 shows ony injury, or other                  |                       | couse (o), stating underlying couse  PART 2 OTHER SIGNIFI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL IN TWORK NOT WHILE AT WORK  22a. I certify that (1) (the saw the deceased of the same country in the deceased of the saw  | the lost.  ICANT CONDITION  19b. C  YING 19b. C  YING 17b. C  YING 17b | CONDITION FOR WHICH  IME OF INJURY JR A.M. MONTH DA P.M.  LACE OF INJURY OME, STREET, FACTORY, OFFICE, F  Bed the deceosed from Sember 23 | OPERATION  AY YEAR  19  SARM, ETC.)       | 216. HOW INJURY OCCUR   | 200. AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY I   | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  IN 11EM 18. PART I OR PART 2) COUNTY  23, 1981  | INGS USED S OF DEATH? NO STAN    |
| NT: If Item 21 is morked or Item 18 shows ony injury, or other       |                       | couse (o), stating underlying couse  PART 2 OTHER SIGNIFI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY  OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL IN JURY OCCURRED  WHILE NOT WHILE AT WORK  27a. Leerlify that (1) (the saw the deceased a obove, (1) (we) (did)   | the lost.  ICANT CONDITION  19b. C  YING   21b. T  SE OF DEATH HOLE  EXAMINER)  21e. P  (AT HOLE  List hospitol) ottend  clive on Septe (did not) view the   | CONDITION FOR WHICH  IME OF INJURY JR A.M. MONTH DA P.M.  LACE OF INJURY OME, STREET, FACTORY, OFFICE, F  Bed the deceosed from Sember 23 | OPERATIO  AY YEAR  19  FARM.ETC)  SEPTET  | 216. HOW INJURY OCCUR 216. LOCATION STREET  Therefore the street of the | 200. AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY I   | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  IN 11EM 18. PART I OR PART 2)  COUNTY  23, 1981  a ond hour and from the                    | INGS USED S OF DEATH? NO STAN    |
| MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other | MEDICAL               | couse (o), stating underlying couse  PART 2 OTHER SIGNIFI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALI  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. Certify thof (1) (th) sow the deceased obove, (1) (we) (did)  The SIENATURE  THE S | the lost.  CANT CONDITION  19b. C  YING   21b. T  SE OF DEATH  EXAMINER)  21e. P  (AT HO  collive on Septe (did not) view the  | CONDITION FOR WHICH  IME OF INJURY  JUR A.M. MONTH D.  P.M.  LACE OF INJURY  DME, STREET, FACTORY, OFFICE, F  Ember 23  Body offer deoth. | OPERATIO  AY YEAR 19  FARM, ETC.)  SEPTET | 21t. HOW INJURY OCCUR  21t. LOCATION STREET  The 1981 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [ 21t. LOCATION STREET  ATTENDING PHYSICIAN [ 21t. ADDRESS Chestertown  | 200. AUTOPSY?  YES NO NO CITY OR TOWN  TO September  death occurred on the date  MEDICAL STAFF DIRECTOR PHYSICIA  Maryland 21 | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES   IN ITEM 18. PART I OR PART 2)  COUNTY  23. 19.81  e ond hour ond from the                  | INGS USED SOF DEATH? NO STATE    |
|  | WEDICAL WEDICAL       | COUSE (O), stating underlying couse  PART 2 OTHER SIGNIFI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL IN JURY OCCURRED WHILE AT WORK AT WORK  22a. I certify that (I) (the saw the deceased above, (I) (we) (did)  314. SHAN TUBE   | the lost.  CANT CONDITION  19b. C  YING   21b. T  SE OF DEATH  EXAMINER)  21e. P  (AT HO  collive on Septe (did not) view the  | CONDITION FOR WHICH  IME OF INJURY  JUR A.M. MONTH D.  P.M.  LACE OF INJURY  DME, STREET, FACTORY, OFFICE, F  Ember 23  Body offer deoth. | OPERATIO  AY YEAR 19  FARM, ETC.)  SEPTET | 21t. HOW INJURY OCCUR 21f. LOCATION STREET  There 21, 1981 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [ Pre. ADDRESS Chestertown   | 200. AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOWN  TO SEPTEMBER  deoth occurred on the dote  MEDICAL STAFF  DIRECTOR PHYSICIA  | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES   IN ITEM 18. PART I OR PART 2)  COUNTY  23, 1981  e and hour and from the county 122c. DATI | ST SIGNED                        |

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

the same of the sa 

# ITENDING PHYSICIAN: The law

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| Ľ             | - STATE<br>REGISTRAR  | CERTIF   | ICATE OF DEATH                    | REG. NO  | o.  |  |
|---------------|---|--|-----------------------------------|--|---|--|
|               | ECEASED NAME HIST<br>PEOR PRINTI  | LGEE DOY   | RSEY                              | 20. DATE OF DEATH                                | PRT.398   | 6:00AM                                     |
| 3.5           | MALE  | BACK DE  | C, 30, 1913                       | 6. AGE (IN YEARS LAST BIRTI                      | YRS. DA   | YS HOURS MIN                               |
|               | BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)  | U.S. A WARRIED   |                                   | BALTIMORE CITY OF                                | R COUNTY OF DEATH                                     | MD.  |
| 1             | WORTON  | 11/10/   | OR OTHER INSTITUTION              | 12th USUAL OCCUPATK<br>(TYPE OF WORK FOR MOST OF |   | OF BUSINESS OR                             |
| 130           | MA KEN  | HER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)  13c. CITY OR TOWN  WORZUN | 134 INSIDE CITY LIMITS?<br>YES NO | 13a STNEET ADDRESS                               | 0#1   |  |
|               | SERMI AF  | DURSEY   | 15. MOTHER'S MAIDEN NA            | 391E MIDDLE                                      | BR  | 2 >100.                                    |
|               | WAS DECEASED EVER IN U.S. ARMEI<br>(YES, NO OR UNKNOWN) (IF YES, GIVE WA                            |  | MRS IRE                           | NE DORS  | A Comment   | Form!                                      |
|               | Conditions, if any, which gave rise to immediate cause iol, stating the underlying cause lost.      | 1 // 5 // /// //   | ne Cardina                        | arrest   | nau   |  |
| NOI           | PART 2 OTHER SIGNIFICANT CON  | NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT                                    | NOT RELATED TO THE TERM           | INAL DISEASE OR COND                             | DITION GIVEN IN PART                                  | 1(0)                                       |
| CERTIFICATION | 19a DATE OF OPERATION   | 196 CONDITION FOR WHICH OPERATION  | N WAS PERFORMED                   | YES NO   | 20b. IF YES, WERE FIN<br>IN CERTIFYING CAUS<br>YES [] |  |
|               | 218. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)    | 216. TIME OF INJURY<br>HOUR A.M. MONTH DAY YEAR<br>P.M. 19                   | 21c HOW INJURY OCCUR              | RED LENTER NATURE OF INJUR                       | Y IN ITEM 18, PART 1 OR PART                          | 2)   |
| MEDICAL       | 214 INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)        | 21f LOCATION<br>STREET            | CITY OR TOW                                      | N COUNTY  | STATE                                      |
|               | 22a.1 certify that (1) (this haspital) sow the deceased alive on above, (1) (we) (did) (aid not) vi | 9/27 1981 6  | nd that in (my) (our) opinion     | , to   | te and hour and from                                  | _, that (I) (we) last<br>the causes stated |
|               | 77h SIGNATURE   | llum   |                                   | MEDICAL STAF                                     | F _ /0  | TE SIGNED                                  |
|               | 224 PHYSICIAN'S NAME (TYPE OR PRI   | INIT\  | 1220 ADDRESS                      |  |   |  |

IN KUE 230 BURIAL, CREMATION, REMOVAL 236. DATE 5.81

Chestertour, ms. 23c NAME OF CEMETERY OR CREMATORY N.ON CEM

23d LOCATION CITY OF TOWNS 0

STATE

21620

DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the with the State Dept. of Health FO FUNERAL DIRECTOR: TO HOSPITAL OR AT

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

the time at the Transport Beautiful A The state of the s

| DEPARTN         | STATE OF MARYLAND<br>MENT OF HEALTH AND MENTAL<br>CERTIFICATE OF DEATH | HYGIENE | 8    | REG. N        | 2       | 4       |        | 2             | S    |
|-----------------|--|---------|------|---------------|---------|---------|--------|---------------|------|
| Herman          | Guy  |         |      | DEATH         | 3, 1    |         | YEAR   | 26 HOU<br>9:1 |      |
| TICE INCIT      | 5. DATE OF BIRTH   |         |      | EARS LAST BIR |         | IF UNDE | RIYEAR | IF UNDER      | - /  |
| ro              | April 4, 1915  |         |      | 66            | YRS.    | MONTHS  | DAYS   | HOURS         | MIN. |
| F WHAT COUNTRY? | MARRIED NEVER MARRIED  |         |      |               | R COUNT | Y OF DE | ATH    |               |      |
|                 | WIDOWED DIVORCED   |         | lent | Coun          | ty      |         |        |               | M    |

U.S.A. Maryland WIDOWED DIVORCED | ID. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Kent and Oueen Anne's Hospital Chestertown Gardner USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN

13d INSIDE CITY LIMITS? 13e. STREET ADDRESS NO V

Route 1 Box 674 15. MOTHER'S MAIDEN NAME

12a USUAL OCCUPATION

LITYPE OF WORK FOR MOST OF WORKING LIFET

MIDDLE

**NMN** Warner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN)

Kent

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line fox (o), (b), and (c).)

EIRST

William .

4 RACE

Negro

76 CITIZEN OF V

GIIV 166 SOCIAL SECURITY NO

217-30-7851

Chestertown

LAST

NMN Maggie 17. INFORMANT Hospital Records - Chestertown Maryland

Dichis

206. IF YES, WERE FINDINGS LISED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

INDUSTRY

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting

underlying couse

FOR - STATE REGISTRAR

3 SEX

filled ould b

completely f

Poges

0

be

à

00

ö

DECEASED NAME (TYPE OR PRINT

Maryland

no

14. FATHER'S NAME

Male

70. BIRTHPLACE (STATE OR FOREIGN

DUE TO, OR AS A CONSEQUENCE O

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

| 19a. DATE OF OPERATION  | 196 CONDITION FOR WHICH OPERATION                                     | N WAS PERFORMED         |
|---|---|-------------------------|
| 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY<br>HOUR A.M. MONTH DAY YEAR<br>P.M. 19            | 21c. HOW INJURY         |
| 21d INJURY OCCURRED   | 216 PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION<br>STREET |

NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21f. LOCATION

20a AUTOPSY?

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27a.t certify that (I) (this hospital) attended the deceased from  $\overline{Julv}$ .19.81., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on Sentember 3

to September

CITY OR TOWN

NO F

STATE

| - 0   | bove | , (I) (w | e) (did) | (did not | view th | e body | ofter | deo |
|-------|------|----------|----------|----------|---------|--------|-------|-----|
| 22h,£ | GN   | NTURE    |          | -        | -       |        |       |     |
| - 1   | 1/   | 0        | 71       | 1 .      | 1)      | 5      | 5.    |     |
|       | V    | ~~       |          | $\sim$   | 16      | -      | n     | _   |

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

22 PHYSICIAN'S NAME (TIPE OR PRINT)

Patrick A. Molony, M.D.

22e ADDRESS

Chestertown, Maryland 21620

should b 23e. BURIAL, CREMATION, REMOVAL

23d LOCATION

DHMH-16 30M 2/80 (VRA 15, 4)

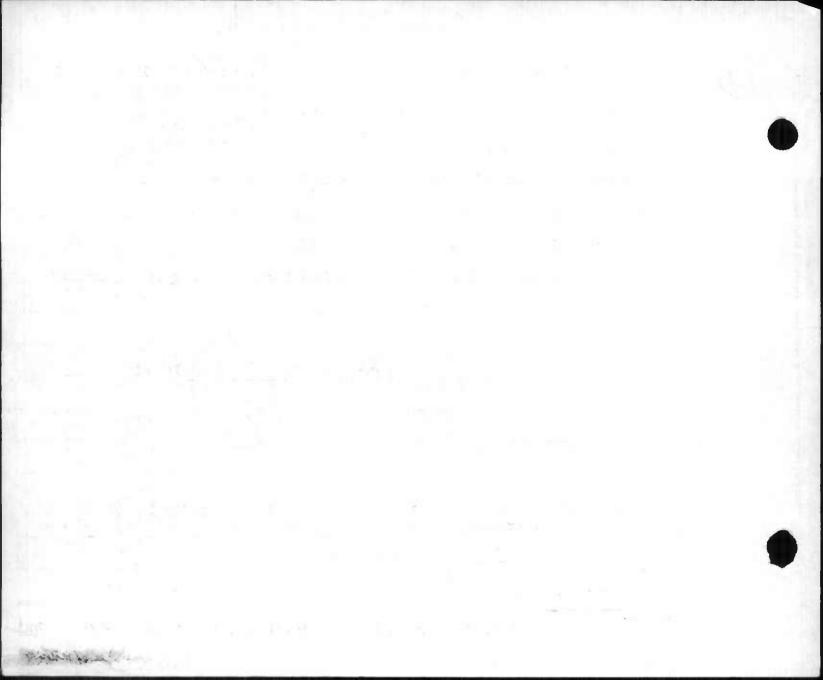
BP.

FUNERAL DIRECTOR:

FUNERAL DIRECTOR

MEDICAL

23c. NAME OF CEMETERY OR CREMATORY



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

|  |                       | CEASED NAME FIRST  |   | LAST  | REG. N   |  | YEAR 25. HQ  | 3UF         |
|--|-----------------------|--|---|---|--|--|--|-------------|
|  | 2.05                  |  |   | 0.5 0.07  | Sept. 15   | -  | NDER 1 YEAR OF UNDER   |             |
| ā)   | 3 SE:                 | female   | white Oct.  | 10 1000   | 6 AGE (IN YEARS LAST BIRT  | MONT   |  |             |
| 26   | Ke                    | ent Co. Md.  | USA USA   | ED NEVER MARRIED  | Rent   | R COUNTY OF  | DEATH  |             |
| 0C   |                       | ITY OR TOWN OF DEATH  CK Hall  | 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) at Home Piney Nec   |   | 128. USUAL OCCUPATI<br>(TYPE OF WORK FOR MOST O<br>Housewif            | OF WORKING LIFE)   | 26. KIND OF BUSIN<br>NDUSTRY   | NE:         |
| Timer m  | 130                   | AL RESIDENCE (IF NURSING HOME OF STATE THE COL   | or other institution, give residence before admission in the Rock Hall  | 134 INSIDE CITY LIMITS?<br>YES NO 🔼   | 130. STREET ADDRESS  | Piney N  | Neck   |             |
| exa-42   | 14 FA                 | ATHER'S NAME<br>FIRS Herman  | MDDierker LAST  | 15 MOTHER'S MAIDEN NAME FIRST Mini  | nie Ĝru  | lkey   | LAST   |             |
| t, the me  |                       | WAS DECEASED EVER IN U.S. A<br>YES, NO OR UNKNOWN) (IF YES, GI   | RMED FORCES? 166 SOCIAL SECURITY NO. 212 03 4775  | Olivia Hyns   | son RFD  |  | all, Md  |             |
| ury, or other traumatic event,                                       |                       | Conditions, if ony, which gove rise to immediate cause 1a1, stating the underlying cause last  | DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  | the Poin  | Orean  |  | APPROXIMATE INT<br>BETWEEN ONSET AN  |             |
| other traumatic  | ICATION               | Conditions, if ony, which gove rise to immediate cause 1a1, stating the underlying cause last  | DUE TO, OR AS A CONSEQUENCE OF  |   | CILCAN  AINAL DISEASE OR CON  200 AUTOPSY?                             | 20b. IF YES, W   | _6 m   | 120         |
| 18 shows any injury, or other traumatic                              | A CERTIFICATION       | PART I. DEATH WAS CAUS    MMEDIA   Conditions, if ony, which gove rise to immediate cause lat, stating the underlying cause last    PART 2 OTHER SIGNIFICANT    PART 2 OTHER SIGNIFICANT    Part 2 OTHER SIGNIFICANT    Part 3 OTHER SIGNIFICANT    Part 4 OTHER SIGNIFICANT    Part 5 OTHER SIGNIFICANT    Part 6 OTHER SIGNIFICANT    Part 7 OTHER SIGNIFICANT    Part 7 OTHER SIGNIFICANT    Part 8 OTHER SIGNIFICANT    Part 9 OTH | DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BU  196 CONDITION FOR WHICH OPERATION  198 TIME OF INJURY HOUR A.M. MONTH DAY YEAR   | ON WAS PERFORMED  | 200 AUTOPSY?   | 206. IF YES, WI<br>IN CERTIFYING<br>YES  | IN PART I(0)  ERE FINDINGS US  G CAUSES OF DEA                                       | TERNO!      |
| or Item 18 shows any injury, or other traumatic                      | MEDICAL CERTIFICATION | PART I. DEATH WAS CAUS  Conditions, if ony, which gove rise to immediate cause tol, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  196 DATE OF OPERATION  216, ACCIDENT WAS UNDERLYING   | DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BU  196 CONDITION FOR WHICH OPERATION  198 TIME OF INJURY HOUR A.M. MONTH DAY YEAR   | 21¢ HOW INJURY OCCUR!   | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU                         | 20b. IF YES, WI<br>IN CERTIFY INC<br>YES T<br>RY IN ITEM 18. PART 1  | IN PART I(0)  ERE FINDINGS US  G CAUSES OF DEA  NO  OR PART 2)                       | NO SED      |
| Item 18 shows any injury, or other traumatic                         |                       | PART I. DEATH WAS CAUS    MMEDIA   Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost    PART 2 OTHER SIGNIFICANT   OR CONTRIBUTING   CAUSE OF D   (IF EITHER, NOTHY MEDICAL EXAMINE   CONTRIBUTING   NOT WHITE     AT WORK   NOT WHITE     AT WORK   NOT WHITE     270.1 certify that (I) (this host   sow the deceased alive of the contribution of the co | DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BU  196 CONDITION FOR WHICH OPERATION  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)   | 216 HOW INJURY OCCUR  | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO             | 20b. IF YES, WIN CERTIFY INC YES THE TITLE THE | IN PART I (0)  ERE FINDINGS US G CAUSES OF DE/ J NO OR PART 2)  COUNTY  81. that (1) | ST/         |
| If Item 21 is marked or Item 18 shows any injury, or other traumatic |                       | PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTHY MEDICAL EXAMINE 220.1 certify that (I) (this has) sow the decased alive a above, (I) (we) (did) (dielet 220.5 SIGNATURE   | DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BU  196 CONDITION FOR WHICH OPERATION  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  Ditally other ded the deceased from  (a)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (e)  (d)  (e)  (e   | 216 HOW INJURY OCCUR!  216 LOCATION STREET  , 19 81 and that in (my) (pdf) opinion  DEGREE  ATTENDING PHYSICIAN 5 | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO             | 20b. IF YES, WIN CERTIFY INC YES TO THE MIS. PART I  | IN PART I (0)  ERE FINDINGS US G CAUSES OF DE/ J NO OR PART 2)  COUNTY  81. that (1) | SED (W      |
| Item 21 is marked or Item 18 shows any injury, or other traumatic    |                       | PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate cause 1a1, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  196 DATE OF OPERATION  216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (FETHER, NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  276. I certify that (I) (this hos) sow the deceased olive o obove, (I) (we) (did) (did) ideal  | DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BU  19b CONDITION FOR WHICH OPERATION  19b CONDITION FOR WHICH OPERATION  21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  Ditally attended the deceased from  100 View the body after death. | 216 HOW INJURY OCCUR!  216 LOCATION STREET  19 81  ind that in (my) (pdr) opinion  DEGREE  ATTENDING PHYSICIAN 5  | ZOB AUTOPSY?  YES NO CITY OR TOY  CITY OR TOY  death accurred on the d | 20b. IF YES, WIN CERTIFY INC YES TO THE MIS. PART I  | ERE FINDINGS US G CAUSES OF DEA ORPART 2) COUNTY  81. that (I) d from the causes 5   | SECO (V sto |

STATE OF MARYLAND

Hamilton and a second

STATE OF MARYLAND

. .

7 2 1 1

7 SU 1617

cruci and the second se

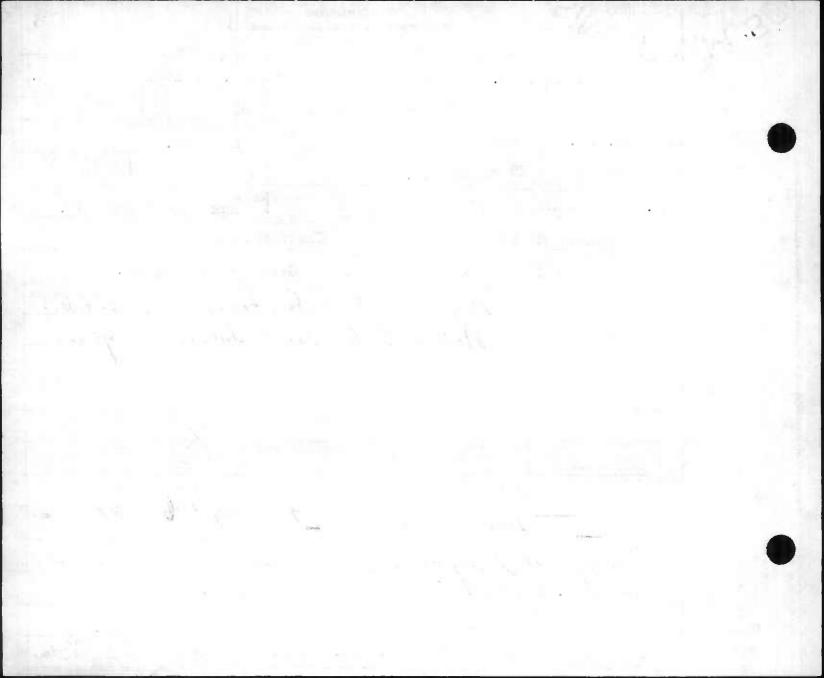
remarks . Figure 3.1 (All agrees)

Yes WW II . 15 18 4 20 Coding H. Kaling dg , 17 , 25 21 or , 19

. The state of the

| 1/2   | 1.            | FOR<br>STATE<br>REGISTRAR  |                           |                           | DEPARTA  |                   | EALTH AND MENTAL HYG<br>ICATE OF DEATH | IENE Ö I  | 6                 | 4 !                                     | 20                                  |
|---|---------------|--|---------------------------|---------------------------|--|-------------------|--|---|-------------------|---|-------------------------------------|
| Va  |               | CEASED NAME  | FIRST                     |                           | MIDDLE   | L                 | AST                                    | 20 DATE OF DEATH  |                   | DAY YEAR                                | 2b. HOUR                            |
| 4   | (TYPE         | OR PRINT)  | NORMA                     | N R.                      | MEEKINS  |                   |  | Sept. 6,  | 1981              |   | 9 A.M                               |
|   | 3. SE         |  |                           | RACE                      |  | S DATE C          |  | 6. AGE (IN YEARS LAST BIR                                 |                   | IF UNDER 1 YEAR                         | IF UNDER 24 HRS                     |
| nce.  | 1             | male   | 4                         | hite                      |  | Jan               | 6, 1918 TEAR                           | 63  | YRS.              | MONTHS DAYS                             | HOURS MIN                           |
| 25  | Kei           | RTHPLACE (STATE OR FOUNTRY) CO. M.                                     | d.                        | USA                       | WHAT COUNTRY?  | MARRIEI<br>WIDOWE | NEVER MARRIED                          | BALTIMORE CITY O  |                   | OF DEATH                                | MD                                  |
| A. C.   |               | TY OR TOWN OF DEA  |                           | 1. NAME OF I              | HOSPITAL, NURSING HEACHLITY, GIVE STREET   | G HOME C          | OR OTHER INSTITUTION                   | 120 USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST O<br>STOTEKEE |                   | 12h KIND O<br>INDUSTRY<br>OWN E1        | F BUSINESS OR                       |
| 135   | 13a S         | AL RESIDENCE (IF NUR<br>STATE<br>CL.                                   | Rent                      | OTHER INSTITUTION<br>TY   | GIVE RESIDENCE BEFORE COMPONENCE BEFORE COMPONENCE COMPONENCE COMPONENCE COMPONENCE BEFORE COMPONENCE COMP | Lown              | 131 INSIDE CITY LIMITS?                | 13e STREET ADDRESS<br>X氢名 5                               | 26 Ca             | annon S                                 | St.                                 |
| lexa//  | 14 F/         | THER'S NAME FIRST Wal  | ter M                     | eekins                    | LAST 6   |                   | is. MOTHER'S MAIDEN NA/                | Miller Miller   |                   | LAS                                     | .T                                  |
| t, the me   |               | VAS DECEASED EVER<br>(ES, NO OR UNKNOWN)<br>YES                        | IN U.S. ARM               | NED FORCES?               | 219 07   | 4456              | Irene Gea                              | rs - Wort   |                   |   | IMATE INTERVAL<br>ONSEL AND DEATH   |
| r to burial, cremation, c<br>ny injury, or other trau | NO            | Canditions, if any gave rise to imicause (a), statis underlying cause  | mediate<br>ng the<br>last | (c)                       | R AS A CONSEQUE  | NCE OF            | NOT RELATED TO THE TERM                | INAL DISEASE OR COM                                       |                   | YR (                                    | 401                                 |
| Shows a   | CERTIFICATION | 19a DATE OF OPERA  | TION                      | 196 COND                  | ITION FOR WHICH  | OPERATIO          | N WAS PERFORMED                        | 206 AUTOPSY?  | * IN CERTIF       | S, WERE FINDIN<br>FYING CAUSES<br>ES [] |                                     |
| J. Item   |               | 21a. ACCIDENT WAS UN<br>OR CONTRIBUTING []<br>(IF EITHER, NOTIFY MEDIC | CAUSE OF DEAT             | n                         | PFINJURY<br>M. MONTH DA<br>M.  | YEAR              | 21c HOW INJURY OCCUR                   | RED (ENTER NATURE OF IN)                                  | IRY IN ITEM 18, P | 'ART I OR PART 2)                       |                                     |
| narked  | MEDICAL       | 21d INJURY OCCUR   | HILE [                    | 21e PLACE<br>(AT HOME, ST | OF INJURY<br>REET, FACTORY, OFFICE, F  | ARM, ETC.]        | 211 LOCATION<br>STREET                 | CITY OR TO  | WN                | COUNTY                                  | STATE                               |
| of Healt  |               | 22a. I certify that (I)<br>saw the deceas<br>above, (I) (              |                           |                           |  | <b>9/_</b> . or   | nd that in (my) am apinion in          | death occurred on the d                                   | late and hou      | 19.8                                    | that (1) (and fast<br>causes stated |
| State Dept  |               | 226. SIGNATURE   | ME ITYPE OR               | 00                        | liga   | ~                 | DEGREE  ATTENDING PHYSICIAN            | MEDICAL STA   | FF<br>CIAN []     | 9/7                                     |                                     |
| with the State  |               | Wayne  |                           | Benjam                    | in   |                   | Chesterto                              | own, Md.  |                   |   |                                     |
| 3 4   | 230 (         | Burial CREMATION, SPECEY   | REMOVAL                   | 23b. DATE<br>9/8/         |  |                   | er Cemetery                            | 23d LOCATION<br>CITY OR TOWN<br>Chester                   | rtown             | , Md.                                   | STATE                               |
| 6 25M   | 24 F          | MARE )   | 1                         | 000                       | Chester  | town.             | Md. 250. DAT                           | P 1 0 1981  | CAMPE             | RARSSIGNA                               | Varther                             |

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



72 hours after death

completely filled in by the fun s 1 and 2 should be filed within

Pages ond

other troumatic

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar re

IMPORTANT: If Hem 21 is marked ar Item 18 shaws

physicion

4 may be

death. Page

| FOR<br>STATE<br>REGISTRAR  |                | DEPARTA   | AENT OF HE | OF MARYLANI<br>ALTH AND MEI<br>CATE OF DEA | NT AL HYG  | IENE 8               | REG. NO               | 2.       | 4        | 49         | 2          | 9                 |
|--|----------------|---|------------|--|------------|----------------------|-----------------------|----------|----------|------------|------------|-------------------|
| 1. DECEASED NAME FIRST (TYPE OR PRINT) Haro.                             |                | afford  | Mye        |  |            | 20. DATE O           | F DEATH Septe         | mber     | 2,       | 1981       | 2b. HOL 9: | <sup>UR</sup> 25p |
| 3. SEX<br>Male   | 4 RACE Whi     | lte   | 5 DATE OF  | BIRTH DAY 14.19                            | YEAR<br>15 | 6 AGE (IN            | YEARS LAST BIR        | THDAY)   | MONT     | DER I YEAR | IF UNDER   | R 24 HRS          |
| 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Delaware                      | IJ. S. A.      | WHAT COUNTRY?   | 8          | NEVER MAI                                  | - 125-7    |                      | Coun                  |          | TY OF    | DEATH      |            | M                 |
| 10. CITY OR TOWN OF DEATH  Chestertown                                   | (IF NOT IN SUC | HOSPITAL, NURSIN<br>H FACILITY, GIVE STREET A<br>1d Queen | ADDRESS]   |  |            |                      | OCCUPATION FOR MOST O | FWORKING | LIFE) It |            | FBUSIN     | ESS O             |
| 130. STATE  Maryland  Queen  |                | GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Barclay           |            | 3d INSIDE CITY<br>YES X N                  | LIMITS?    | 13e. STREET<br>Box 2 | ADDRESS<br>3 Chu      | rch S    | Stre     | eet        |            |                   |
| 14 FATHER'S NAME<br>FIRST<br>Walter                                      | C.(I.O.)       | Myers   |            | 5. MOTHER'S M<br>FIRS<br>Laur              | ST.        |                      | M.000LE<br>S. (I. C   | ).)      |          | Staff      |            |                   |
| 160 WAS DECEASED EVER IN U.S. A<br>(YES, NO OR UNKNOWN) (IF YES, G<br>NO | RMED FORCES?   | 166 SOCIAL SECU   |            | neormant<br>Hospita                        |            | ords,                | Chest                 |          | wn_      | Maryl      | and        |                   |

| no   | 166-16-3659                      | Hospital Records | , Chestertown | Maryland                                     |
|--|----------------------------------|------------------|---------------|--|
| 18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:   | SE (0) Acute Muler               |                  | Faller        | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if ony, which  | JE TO, OR AS A CONSEQUENCE OF    | weinoma q        | D Lunc        |  |
| gove rise to immediate cause (a), stating the underlying cause last. | JE TO, OR AS A CONSEQUENCE OF    | shalle hefa      | Hases         |  |
| PART 2. OTHER SIGNIFICANT CONDIT                                     | IONS CONTRIBUTING TO DEATH BUT N |                  |               | IN PART 1(0)                                 |

| Z       | 190 DATE OF OPERATION   | 196 CONDITION FOR WHICH OPERATION                                    | N WAS PERFORMED        | 20a AUTOPSY?              | 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH |       |  |
|---------|---|--|------------------------|---------------------------|--|-------|--|
| KIFF    |   |  |                        | YES NO                    | YES  | NO 🗌  |  |
| CAL CER | 21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY<br>HOUR A.M. MONTH DAY YEAR<br>P.M. 19           | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18. PART 1 OR PART 2)                              |       |  |
| MEDI    | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f LOCATION<br>STREET | CITY OR TO                | wn COUNTY  | STATE |  |

sow the deceased alive on <u>September 2</u> 19 above, (I) (we) (did) (did not) view the body after death. 81, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DAJE SIGNED

22d. PH1 SICIAN'S NAME (TYPE OR PRINT)

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e. ADDRESS Chestertown, Maryland 21620

Patrick A. Molony, M.D 234 NAME OF CEMETERY OR 236. DATE 230. BURIAL CREMA Sa. DATE REC'D. BY REGISTRAN ISS. REGISTRAN SAGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

OR ATTENDING hospital or

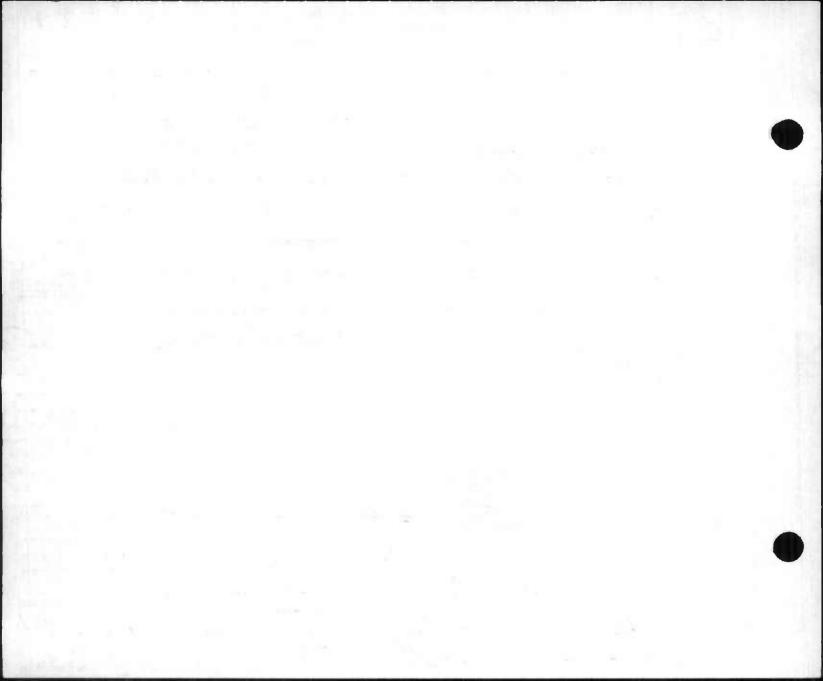
etained by the

BP.

HOSPITAL

0

SUNERAL DIRECTOR



Pages

prior

8 2 0

certificate has be-

rial-tronsit per and Mentol Hygiene

| ) | FOR     |
|---|---------|
| / | - STATE |

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

| 2  | 1 | 1 | 3 | 0 |
|----|---|---|---|---|
| 6- |   | 8 | 9 |   |

17b. KIND OF BUSINESS OR National Batter

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

7:25p

IF UNDER 24 HRS

| REGISTRAR  |                                   |                                  |   | CERTIF         | ICATE     | DEATH                | REG. N   | 0.               |                         |                               |
|--|-----------------------------------|----------------------------------|---|----------------|-----------|----------------------|--|------------------|-------------------------|-------------------------------|
| DECEASED NAME  | John                              |                                  | nald  |                | ens       | Jr.                  | 20 DATE OF DEATH Septembe  | MONTH D          | AY YEAR                 | 26. HOUR                      |
| SEX Male   |                                   | 4 RACE                           | ite   | 5. DATE C      | OF BIRTH  | 1908                 | 6. AGE (IN YEARS LAST BIR  | THDAY)           | IF UNDER 1 YEAR         | 7:25                          |
| BIRTHPLACE (STATE C<br>COUNTRY)<br>ennsylvani                    |                                   | 7b. CITIZEN OF                   | WHAT COUNTRY  | 2 8            | D NEVE    | R MARRIED   DIVORCED | BALTIMORE CITY C   | _                | OF DEATH                |                               |
| Chestertown  |                                   | (IF NOT IN SUC                   | HOSPITAL, NURS<br>THE FACILITY, GIVE STREE<br>1 Queen | ET ADDRESS)    |           |                      | 120. USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST O<br>Machinist-             | F WORKING LIFE   | 12b. KIND O<br>INDUSTRY | 1                             |
| SUAL RESIDENCE (IF NI<br>30 STATE<br>Maryland<br>FATHER'S NAME   | IRSING HOME O<br>13b. COU<br>Kent | NTY                              | GIVE RESIDENCE BEFO<br>136 CITY OR TO<br>Chester      | WN             | YES 🗍     | CITY LIMITS?         | 13e STREET ADDRESS Route 2   |                  |                         |                               |
| John   | D                                 | onald                            | Owens Sr.   |                |           | oris                 | Christine  |                  | Syme                    |                               |
| (YES, NO OR UNKNOWN)   |                                   | RMED FORCES?<br>VE WAR OR DATES) | 166 SOCIAL SEC  |                | Hospi     |                      | ords - Ches  |                  | n, Mary                 | land                          |
| 18 CAUSE OF DEA<br>PART I. DEATH                                 | WAS CAUSI                         |                                  | line for (a), (b), c                                  | and (c).)      | mary      | ane                  | st   |                  | BETWEEN C               | MATE INTERVAL<br>ONSET AND DE |
| Conditions, if an gove rise to i                                 | ny, which                         |                                  | RAS A CONSEQ  | UENCE OF       | uote      | Kear                 | + Dries  |                  |                         |                               |
| couse (a), sta   | ting the                          | DUE TO, O                        | r as a conseq   | UENCE OF       |           |                      |  |                  |                         |                               |
|  | Letes                             | millet                           | (8)   | 1 fune         | iters     | ear.                 | ainal disease or con   |                  |                         |                               |
| 19a. DATE OF OPER  | RATION                            | 196 CONDITION FOR WHICH OPER     |   |                | N WAS PER | FORMED               | 200 AUTOPSY? 20b. IF YES, WERE FIND II IN CERTIFYING CAUSES YES NO YES T |                  |                         |                               |
| 210. ACCIDENT WAS U<br>OR CONTRIBUTING [<br>(IF EITHER, NOTIFY M | CAUSE OF DE                       | AIH                              | PFINJURY<br>M. MONTH<br>M.                            | DAY YEAR       | 21c HOW   | INJURY OCCUR         | RED (ENTER NATURE OF INJU  | RY IN ITEM IB PA | RT 1 OR PART 2)         |                               |
| 21d. INJURY OCCU   | JRRED WHILE                       | 21e PLACE<br>(AT HOME STI        | OF INJURY<br>REET, FACTORY OFFICE                     | E, FARM, ETC ) | 21f. LOCA | TION                 | CITY OR TO   | WN               | COUNTY                  | STAT                          |

19 81

TO FUNERAL DIRECTOR: should be detoched with the State Dept. IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) Kin Kue Wun, M.D.

226. SIGNATURE

9/6/81

sow the deceased alive on <u>September 3</u> above, (I) (we) (did) did not) view the body after death

220.1 certify that (I) (this hospital) attended the deceased from September

St. Paul S Cem

DEGREE

22e. ADDRESS

23d. LOCATION

Chestertown Maryland 216 20

septe mber

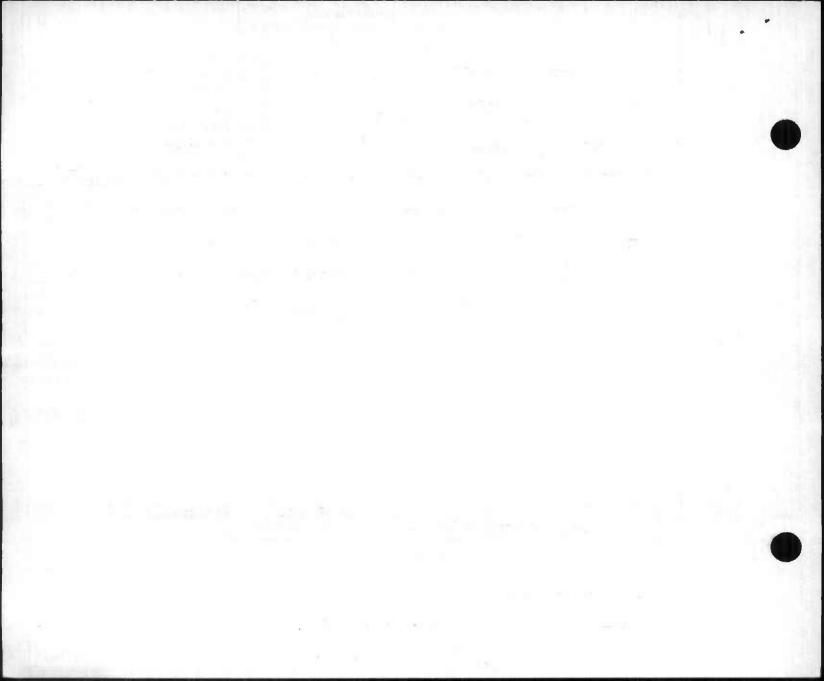
MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

230. BURIAL, CREMATION, REMOVAL BUTIAL near Chestertown, Md". Cem. 25a. DATE REC'D. BY REGISTRAR 256 HEGT Chestertown, Md.

19. 81

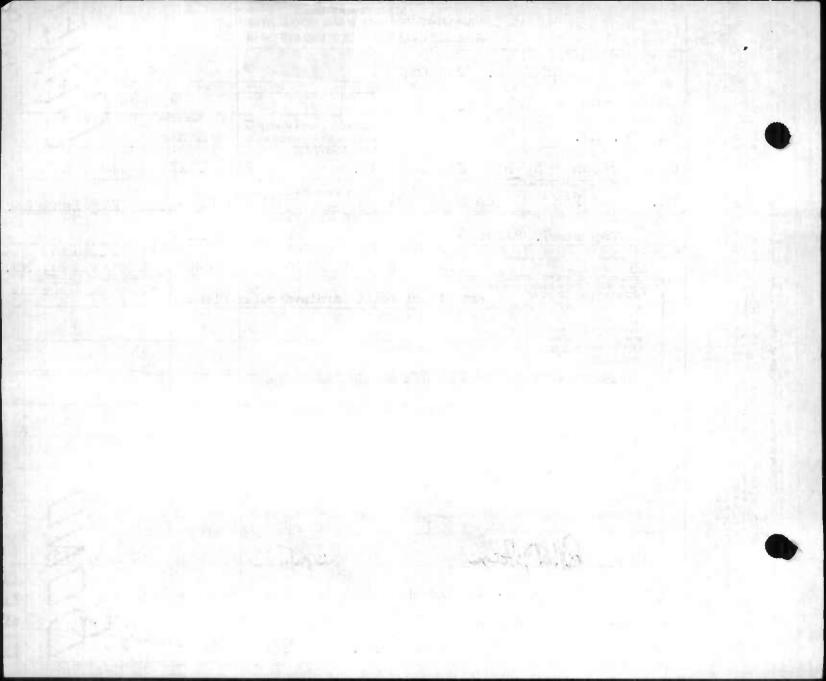
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

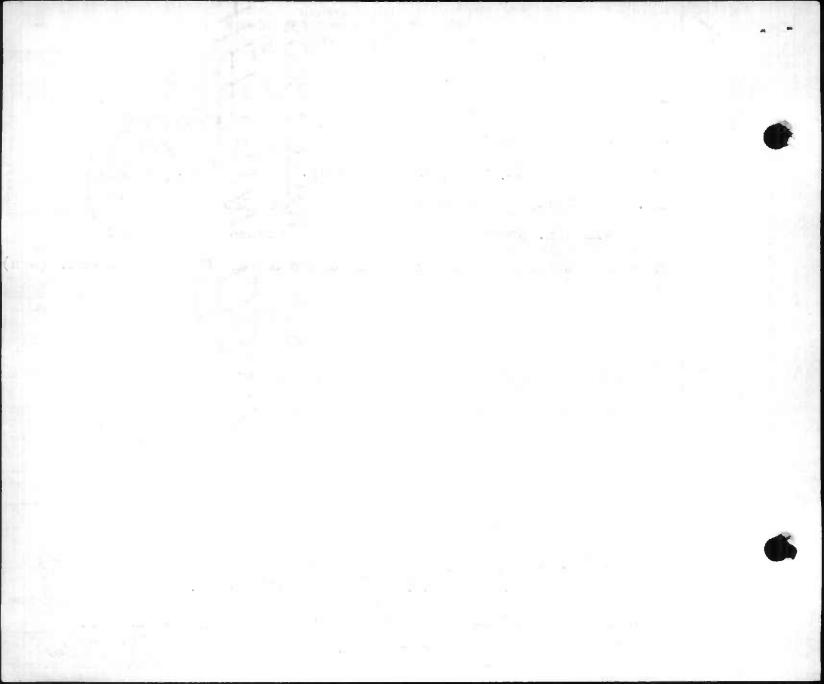


## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 4 3

|               | OBTRAK  | KAMINER'S CERTIFICATE         | OF DEATH REG. NO.   |                        |
|---------------|---|-------------------------------|---|------------------------|
| {111          | ASED NAME FRST MIDDLE  ANNIE E. PARS  |                               | 20. DATE KNOWN MONTH OF ESTI-DEATH MATED 80 9/9   | /81,9 2b. HOUR 1 A     |
| 2             | ale white $\frac{10}{10}$ $\frac{1}{3}$ $\frac{1}{9}$   | 89 YRS. MONTHS DAYS HOURS     | PRONOUNCED9/9/81  | 19 -4 A                |
| a. B          | THPLACE (STATE OR JOB COUNTRY)  TO Md.  TO USA  | 8. MARRIED NEVER MAI          | RCED   Kent   | ME                     |
|               | estertown At home Flat  | Land Rd.                      | 12a. USUAL OCCUPATION (TYPE OF WORK 12<br>FOR MOST OF WORKING LIEE)<br>Farm related dor |                        |
| Mi            | RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE<br>ATE COUNTY Chester  130, CITY C  131, CITY C   | R TOWN 13d INSIDE CITY LIMITS |   | latland Rd             |
|               | HER'S NAME FREST Thomas S. Parsons  | Maı                           | ctha Miller   | LAST                   |
| 160.          | NO OR HANDOWN THE VEC ONE WAR OR DATES  | 34 8727 Miss Mai              | ADDRES <b>RFD F</b><br>rian Parsons Chest   |                        |
| N             | Conditions, if any, which gove rise to immediate cause (a) stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE | EQUENCE OF                    |   |                        |
| CERTIFICATION | 190. DATE OF OPERATION 196. CONDITION FOR W   | HICH OPERATION WAS PERFORMED? |   | 20. AUTOPSY?  YES NO X |
| MEDICAL CERT  | 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH I CONTRIBUTING CAUSE OF DEATH P.M.  | DAY YEAR<br>19                | RED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART                                   | 2)                     |
| MED           | 21d. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC  AT WORK   |                               | CITY OR TOWN COUN   | NTY STATE              |
|               | 22a. I certify that I took charge of the remoins described oboved death resulted from:  Noturol couses  Accident  | e, held an Autopsy , Inspec   | tion X. Inquiry , ond in my opin  | nian                   |
|               | ACTUAL SIGNATURE SIGNATURE ROBERT W. Farr/K RIAL CREMATION REMOVAL 1235 DATE 1236. N.   | ent Countyress Cl             | medical examiner Date Signed nestertown, Md/  | 9/9/81                 |



STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene priar to buriol, crematian, ar removal.

injury, or other troumotic event, the medical

MPORTANT: If Item 21 is marked or Item 18 shows ony

24. FUNERAL DIRECTOR

|    | 1 - | FOR<br>STATE<br>REGISTR |
|----|-----|-------------------------|
| I. | DE  | CEASED N                |

neral director, page 3

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 2 | 4 | 2 | 3 | 3 |
|---|---|---|---|---|
|   |   |   |   |   |

|  |               | REGISTRAR   |                                       | CERTIFICATE OF DEATH  REG. NO. |  |                          |   |                                  |                 |                                |                               |
|--|---------------|---|---------------------------------------|--------------------------------|--|--------------------------|---|----------------------------------|-----------------|--------------------------------|-------------------------------|
|  |               | CEASED NAME OR PRINT!   | FIRST<br>11iam                        |                                | ayton  | _                        | evens                                       | 20 DATE OF DEATH September       | MONTH           | 981                            | 26 HOUR<br>4:20p <sub>M</sub> |
|  | 3 SE          | ×<br>Male   |                                       | 4 RACE Whi                     | te   | 5. DATE (                | H DAY YEAR                                  | 6 AGE (IN YEARS LAST BH          | YRS.            | MONTHS DAYS                    | IF UNDER 24 HRS               |
| 3  | · ·           | RTHPLACE (STATE OR I  | nd                                    | U.S.A.                         |  | ? 8.<br>MARRIE<br>WIDOW! | D NEVER MARRIED                             | 9 BALTIMORE CITY C               | untv            |                                | MD.                           |
| 7  | Che           | estertown   |                                       | Kent and                       | l Queen                                      | Anne's                   | Hospital                                    | TYPE OF WORK FOR MOST OF         |                 |                                | F BUSINESS OR                 |
| 5  | 13a. S<br>Ma1 | AL RESIDENCE (IF NURS<br>STATE<br>Cyland                                | 13b COUI<br>Kent                      | NTY                            | Rock Ha                                      |                          | 134. INSIDE CITY LIMITS?                    | 13e. STREET ADDRESS              | Rd.             | 2 Box 78                       | 3                             |
| 2  | 14. FA        | THER'S NAME Frederic  | k C                                   | layton                         | Steve  | ns                       | Mary  | Reed                             |                 | Clark <sup>s</sup>             | ī                             |
| 160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) Yes |               |   |                                       | MED FORCES?                    | 166 SOCIAL SEC<br>218-24-                    |                          | 17. INFORMANT Hospital R                    | ADDR<br>Records- Che             |                 | own, mai                       | cyland                        |
|  | 7             | Canditians, if any, gove rise to imm cause (a), statin underlying couse | , which<br>mediate<br>ag the<br>last. | (b)                            | R AS A CONSEQUENT AS A CONSEQUENTRIBUTING TO | UENCE OF                 | NOT RELATED TO THE TERM                     | AINAL DISEASE OR CONDITION GIVEN |                 | /EN IN PART 1(o                | 1)                            |
| 7  | CERTIFICATION | 19a DATE OF OPERA   | TION                                  | 19b. CONDI                     | TION FOR WHIC                                | H OPERATIO               | N WAS PERFORMED                             | 20a AUTOPSY?                     | IN CERTIF       | S, WERE FINDIN<br>FYING CAUSES |                               |
| 0  | MEDICAL CER   | 210. ACCIDENT WAS UNE<br>OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC       | CAUSE OF DEA                          | HOUR A./                       | M, MONTH (<br>M.                             | DAY YEAR                 | 21¢ HOW INJURY OCCUR                        | RED (ENTER NATURE OF INJU        | RY IN ITEM 18 F | PART   OR PART 2]              |                               |
|  | MED           | 21d. INJURY OCCURE  WHILE NOT WHAT WORK AT WORK                         | RK                                    |                                | EET, FACTORY, OFFICE                         |                          | 211 LOCATION<br>STREET                      | CITY OF TO                       |                 | COUNTY                         | STATE                         |
|  |               | saw the decease<br>abave, (1) (***) (c                                  | ed alive on                           | Septemb                        | er / 19                                      | 81                       | mher 6 19 81 and that in (my) (our) opinion | deoth occurred on the d          |                 | r and from the c               |                               |
| ,  |               | 22b. SIGNATURE  |                                       |                                | aics   | ick                      |   | MEDICAL STA                      | FF<br>CIAN []   | 9-7                            | SIGNED                        |
| 1  |               | A. C. D:  | ick,                                  | M.D.                           |  |                          | 22. ADDRESS Chest                           | ertown Mary                      | land 2          | 21620                          |                               |
|  | 23a. B        | URIAL, CREMATION,   | REMOVAL                               | 23b. DATE                      | 236  | NAME OF C                | EMETERY OR CREMATORY                        | 23d LOCATION                     |                 |                                |                               |

etained by the hospital or attending physician

DHMH-16 30M 2/80 (VRA 15, 4)

23b. DATE

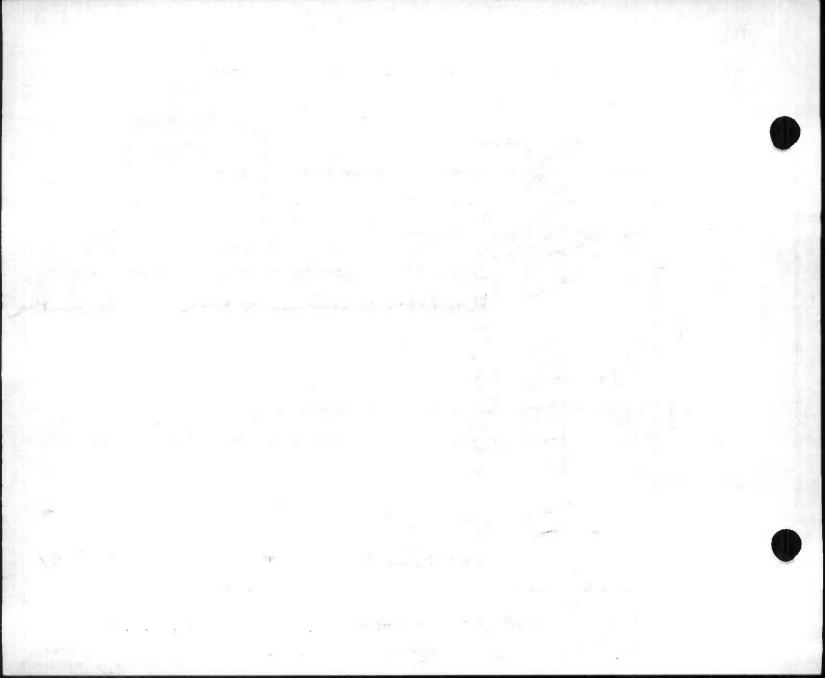
Fellows and Son Millington

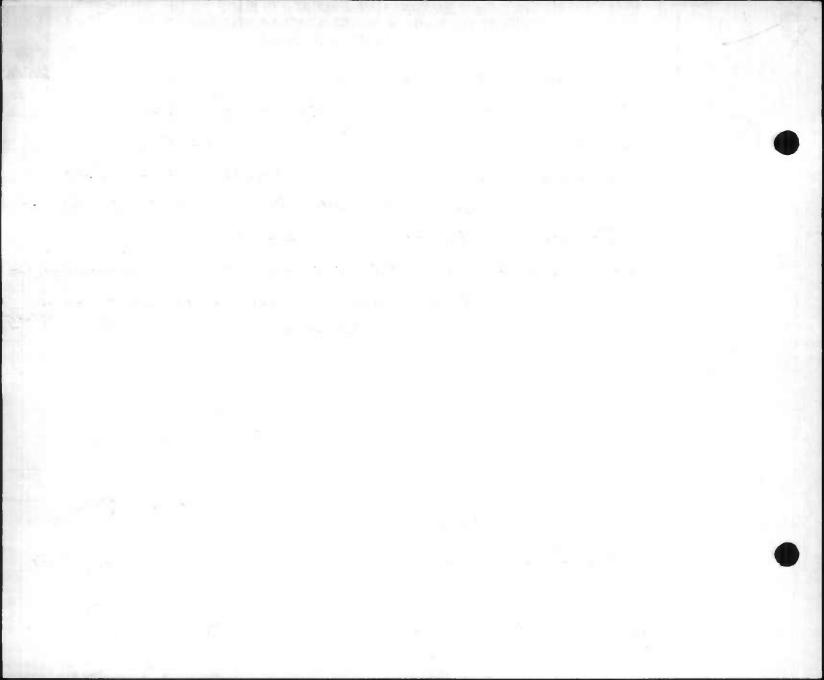
23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OR TOWN
Crumpton

COUNTY STATE

Crumpton, Q.A. Maryl
250. DATE REC'D. BY REGISTRAR'S SIGNATURE





## TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ATTENDING PHYSICIAN: The etained by the haspital or attending physician

injury, or other troumotic event, the medical exa

IMPORTANT: If Item 21 is marked or Item 18 shows any

### STATE OF MARYLAND

| 1             | STATE<br>REGISTRAR   |   | DEPART                                 |           | ICATE OF DEATH   | REG. N   | 0.            |   |                                  |
|---------------|--|---|--|-----------|--|--|---------------|---|----------------------------------|
|               | CEASED NAME FIRE   | ST  | MIDDLE                                 | L         | AST  | 20. DATE OF DEATH  | MONTH         | DAY YEAR                                  | 2b. HOUR                         |
| () II         | Ja   | mes   | Bordley                                | Wr        | ight   | September 1  | .7, 1         | 981                                       | 9:38 M                           |
| 3. SE         | X  | 4. RACE                                       |  | 5. DATE C |  | 6. AGE (IN YEARS LAST BIR                                | THDAY)        | MONTHS DAYS                               | IF UNDER 24 HRS<br>HOURS MIN.    |
|               | Male   | White   |  | July      |  | 83   | YRS.          | 1 (                                       | HOURS MIN.                       |
|               | IRTHPLACE (STATE OR FOREIG   | 76. CITIZEN OF                                | WHAT COUNTRY?                          | 8.        | D X NEVER MARRIED  | 9 BALTIMORE CITY C                                       | R COUNT       | TY OF DEATH                               |                                  |
|               | Maryland   | U.S.A.  |  | WIDOWE    | 70   | Kent Count   |               |   | MD.                              |
|               | Thestertown  | (IF NOT IN SU                                 | CH FACILITY, GIVE STREET               | ADDRESS]  | drother institution dospital, Inc.   | 120 USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST OF<br>Farmer |               |   | ng                               |
|               |  | ome or other institution COUNTY  Kent         | 13c. CITY OR TOW<br>Massey             |           | 13d. INSIDE CITY LIMITS?<br>YES NO 🛣   | 13e. STREET ADDRESS<br>RR Box 80                         | A             |   |                                  |
| 14. F         | Daniel   | MIDDLE  | Wright                                 |           | 15. MOTHER'S MAIDEN NA Martha  | MIDDLE   |               | Porter                                    | ī                                |
|               | WAS DECEASED EVER IN U<br>(YES, NO OR UNKNOWN) (IF                               | I.S. ARMED FORCES?<br>YES, GIVE WAR OR DATES) | 16b. SOCIAL SECU                       |           | Hospital Rec   | ADDR<br>Cords-Cheste                                     |               |   | 21620<br>and                     |
|               | underlying couse lo  | ote<br>the DUE TO, C                          | OR AS A CONSEQUI                       |           | NOT RELATED TO THE TERM  | MINAL DISEASE OR CON                                     | DITION G      | GIVEN IN PART 10                          | o                                |
| CERTIFICATION | 19a. DATE OF OPERATION   | 1 19b. CONE                                   | TION FOR WHICH                         | OPERATIO  | N WAS PERFORMED  | 20c AUTOPSY? YES NO                                      | IN CERT       | 'ES, WERE FINDII<br>TIFYING CAUSES<br>YES |                                  |
|               | 218. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL EX | OF DEATH HOUR A                               | OF INJURY<br>M. MONTH D<br>'.M.        | AY YEAR   | 21c. HOW INJURY OCCUR  | RED (ENTER NATURE OF INJU                                | RY IN ITEM 18 | 8 PART I OR PART 2)                       |                                  |
| MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK                                    | [AT HOME S                                    | OF INJURY<br>TREET, FACTORY, OFFICE, I |           | 2) f. LOCATION<br>STREET   | CITY OR TO   |               | COUNTY                                    | STATE                            |
|               | 220.1 certify that (1) (this saw the deceased of the light) 21h. SIGN-101E       | live on Septemi<br>did not view the bad       | oer 1/                                 | 81        | nber 15 19 81 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e, ADDRESS |  | ote and h     |   | that (I) (we) lost couses stated |
|               | Robert W.  | Farr, M.D.                                    |  |           | Chestertown  |  | 21620         | )   | /                                |
| 23a.          | BURIAL, CREMATION, REM   | OVAL 236. DATE                                | 13ε.                                   | NAME OF   | EMETERY OR CREMATORY   | 23d. LOCATION  |               | COUNTY                                    | hour                             |

DHMH-16 30M 2/80 (VRA 15, 4)

Buria1 9/20/1981

Crumpton Cemetery

Crumpton, Md.

Chestertown, Md.

REGISTRAR 256 REGISTR

